

United States Bankruptcy Court for the:

Central District of California

Case number (If known): _____ Chapter you are filing under:

-
- Chapter 7
-
-
- Chapter 11
-
-
- Chapter 12
-
-
- Chapter 13

 Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

02/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Ghost Vapes, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

82-1113291

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

520 Broadway

Number Street

Number Street

Santa Monica CA 90401

City State ZIP Code

P.O. Box

City State ZIP Code

Los Angeles County

County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

www.ghostvapes.com

6. Type of debtor

-
- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
-
-
- Partnership (excluding LLP)
-
-
- Other. Specify: _____

Debtor	Ghost Vapes, Inc. Name _____		Case number (if known) _____
<p>7. Describe debtor's business</p> <p>A. Check one:</p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44)) <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3)) <input checked="" type="checkbox"/> None of the above</p> <hr/> <p>B. Check all that apply:</p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. § 501) <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</p> <hr/> <p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.naics.com/search/.</p> <p><u>4543</u></p> <hr/>			
8. Under which chapter of the Bankruptcy Code is the debtor filing?	<p>Check one:</p> <p><input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11. Check all that apply:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that). <input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). <input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11. <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). <input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form. <input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p> <hr/>		
9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>If more than 2 cases, attach a separate list.</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p> <hr/>		
10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ When _____ MM / DD / YYYY</p> <p>List all cases. If more than 1, attach a separate list.</p> <p>Case number, if known _____</p> <hr/>		

Debtor Ghost Vapes, Inc.
Name _____

Case number (if known) _____

11. Why is the case filed in this district? Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other _____

Where is the property? _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5,001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated assets

\$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million

\$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million

\$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

Debtor	Ghost Vapes, Inc. Name			Case number (if known)
16. Estimated Liabilities	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million			<input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million
				<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

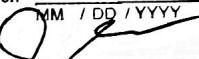
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/06/2020


MM / DD / YYYY

Aric Jennings

Printed name

Title President

18. Signature of attorney

 /s/ Joseph P. Buchman

Date 04/06/2020

Signature of attorney for debtor

MM / DD / YYYY

Joseph Buchman

Printed name

Burke, Williams & Sorensen, LLP

Firm name

444 S. Flower Street, Suite 2400 Suite 2400

Number Street

Los Angeles

City

CA 90071

State ZIP Code

2132362872

jbuchman182@gmail.com

Contact phone

Email address

148983

CA

Bar number

State

**UNANIMOUS WRITTEN CONSENT TO ACTION OF BOARD OF DIRECTORS
OF GHOST VAPES, INC., A DELAWARE CORPORATION,
TAKEN WITHOUT A MEETING**

Pursuant to the Delaware General Corporation Law, and the articles of incorporation and bylaws of Ghost Vapes, Inc., a Delaware corporation (the "Corporation"), the undersigned individual, being the sole member of the Board of Directors of the Corporation (the "Board"), hereby adopts, approves, confirms and ratifies the following recitals and resolutions:

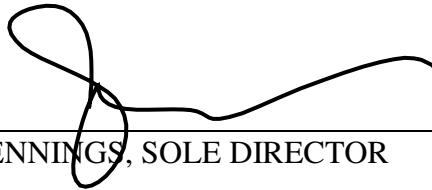
WHEREAS, the Corporation is insolvent and unable to pay its debts as they mature, and

WHEREAS, it would be in the best interests of the creditors for the Corporation to file a voluntary petition under Chapter 7 of the Bankruptcy Code,

NOW, THEREFORE, BE IT RESOLVED, that Aric Jennings, President of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 7 voluntary bankruptcy on behalf of the Corporation; and

BE IT FURTHER RESOLVED, that Aric Jennings, President of this Corporation, is authorized and directed to employ Joseph P. Buchman, attorney and the law firm of Burke, Williams & Sorensen, LLP to represent the Corporation in such bankruptcy case.

Date: March 24, 2020



ARIC JENNINGS, SOLE DIRECTOR

<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Joseph P. Buchman (CA SBN 148983) Email: jbuchman@bwslaw.com BURKE, WILLIAMS & SORENSEN, LLP 444 S. Flower St., Suite 2400 Los Angeles, CA 90071 Phone: (213) 236-0600 Fax: (213) 236-2700</p> <p><input checked="" type="checkbox"/> Attorney for: Debtor Ghost Vapes, Inc.</p>	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION	
<p>In re: GHOST VAPES, INC.</p> <p style="text-align: right;">Debtor(s).</p>	<p>CASE NO.: ADVERSARY NO.: CHAPTER: 7</p>
<p style="text-align: right;">Plaintiff(s),</p>	<p style="text-align: center;">CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4</p>
<p style="text-align: right;">Defendant(s).</p>	<p style="text-align: center;">[No hearing]</p>

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, (Printed name of attorney or declarant) Aric Jennings, the undersigned in the above-captioned case, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:

- I am the president or other officer or an authorized agent of the Debtor corporation
- I am a party to an adversary proceeding
- I am a party to a contested matter
- I am the attorney for the Debtor corporation

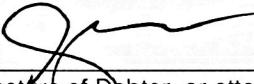
2.a. The following entities, other than the Debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

Ghost Herbal Concepts Ltd., Wickams Cay 1, Roadtown, Tortola, British Virgin Islands (100%)

[For additional names, attach an addendum to this form.]

b. There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

Date: 4/6/2020

By: 

Signature of Debtor, or attorney for Debtor

Name: Aric Jennings, President

Printed name of Debtor, or attorney for Debtor

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

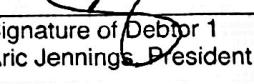
1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
N/A
2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
N/A
3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
None.
4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
N/A

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Los Angeles, California

Date: 4/6/2020


Signature of Debtor 1
Aric Jennings, President


Signature of Debtor 2

FILL IN THIS INFORMATION TO IDENTIFY THE CASE AND THIS FILING:

Debtor Name	Ghost Vapes, Inc.
United States Bankruptcy Court for the	Central District of California
Case number (if known):	

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration_____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/06/2020
MM / DD / YYYY



Signature of individual signing on behalf of debtor

Aric Jennings

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Ghost Vapes, Inc.
United States Bankruptcy Court for the: Central District of California
(State)
Case number (If known): _____

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 99,091.97

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 99,091.97

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 1,823.50

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 2,970,694.44

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 2,972,517.94

Fill in this information to identify the case:Debtor name Ghost Vapes, Inc.United States Bankruptcy Court for the: Central District of California

Case number (if known): _____

 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ <u>0.00</u>		
3. Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Aliance Bank of Arizona</u>	<u>Checking</u>	_____	\$ <u>0.00</u>
3.2. <u>See continuation sheet</u>	_____	_____	\$ <u>238.75</u>
4. Other cash equivalents (<i>Identify all</i>)			
4.1. _____	_____	\$ _____	
4.2. _____	_____	\$ _____	
5. Total of Part 1	\$ <u>238.75</u>		

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Description, including name of holder of deposit	Current value of debtor's interest
7.1. <u>Security Deposit with Evo Payment Processing</u>	\$ <u>Unknown</u>
7.2. <u>Security Deposit with WeWork</u>	\$ <u>Unknown</u>

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 0.00

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less:	16,248.20	-	0.00	= ➔	\$ 16,248.20
	face amount		doubtful or uncollectible accounts		
11b. Over 90 days old:	0.00	-	0.00	= ➔	\$ 0.00
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 16,248.20

Part 4: Investments**13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____	_____ %	_____	\$ _____
15.2. _____	_____ %	_____	\$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Name

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

Inventory in Ontario Warehouse	122,966.00	Cost Price	50,000.00
	MM / DD / YYYY	\$ _____	\$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

50,000.00
\$ _____

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

\$ _____

40. Office fixtures

\$ _____

41. Office equipment, including all computer equipment and communication systems equipment and software

\$ _____

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 _____ \$ _____

42.2 _____ \$ _____

42.3 _____ \$ _____

\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7? No Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
---	---	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment
(excluding farm machinery and equipment)**

\$ _____

\$ _____

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations List of Customers	0.00 \$ _____	No sale value, cannot sell per \$ _____	0.00 \$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00
\$ _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ - Total face amount → doubtful or uncollectible amount \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Claim For Error In Federal Income Withholding Tax

Double paid payroll taxes per error by PayChex

Tax year	2019	\$ 30,258.00
Tax year	2019	\$ 2,347.02
Tax year	_____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____
 Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____
 Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____
 _____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 32,605.02

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 238.75	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 16,248.20	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 50,000.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9. →		\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 32,605.02	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 99,091.97	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	99,091.97	\$ 99,091.97

Ghost Vapes, Inc.

Debtor 1

First Name Middle Name Last Name

Case number (if known) _____

Continuation Sheet for Official Form 206 A/B**3) Checking, savings, money market, or financial brokerage accounts****Barclays Bank UK Checking 9188****Balance: 44.13****Barclays Bank UK Checking 5475****Balance: 82.59****Paypal Checking ACJQE****Balance: 39.26****Western Alliance Checking 7671****Balance: 72.77**

Fill in this information to identify the case:Debtor name Ghost Vapes, Inc.United States Bankruptcy Court for the: Central District of California

Case number (If known): _____

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**2.1 Creditor's name****Describe debtor's property that is subject to a lien**

<i>Column A</i>	<i>Column B</i>
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
\$ _____	\$ _____

Creditor's mailing address

Creditor's email address, if known

Describe the lien

Date debt was incurred _____

Is the creditor an insider or related party?

- No
- Yes

Last 4 digits of account

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

number _____

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

- No
- Yes. Specify each creditor, including this creditor,

Check all that apply.

- Contingent
- Unliquidated
- Disputed

2.2 Creditor's name**Describe debtor's property that is subject to a lien**

\$ _____	\$ _____
----------	----------

Creditor's mailing address

Creditor's email address, if known

Describe the lien

Date debt was incurred _____

Is the creditor an insider or related party?

Last 4 digits of account

- No
- Yes

number _____

Do multiple creditors have an interest in the same property?

Is anyone else liable on this claim?

- No
- Yes. Have you already specified the relative priority?

- No. Specify each creditor, including this creditor, and its relative priority.

Check all that apply.

- Contingent
- Unliquidated
- Disputed

 Yes. The relative priority of creditors is specified on lines _____**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$ _____

Fill in this information to identify the case:

Debtor	Ghost Vapes, Inc.
United States Bankruptcy Court for the:	Central District of California
Case number (If known)	

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address California Dept. of Tax and Fee Administration P.O. Box 942879 Sacramento, CA, 94279-3535	As of the petition filing date, the claim is: \$ <u>430.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>430.00</u>
	Date or dates debt was incurred Last 4 digits of account number <u>6896</u>	Basis for the claim: Taxes & Other Government Units	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
2.2	Priority creditor's name and mailing address Delaware Division of Corporations John G. Townsend Bldg. 401 Federal Street, Suite 4 Dover, DE, 19901	As of the petition filing date, the claim is: \$ <u>Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred Last 4 digits of account number <u>3784</u>	Basis for the claim: Taxes & Other Government Units	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
2.3	Priority creditor's name and mailing address New York Dept. of Taxation and Finance State Processing Center 575 Boices Lane Kingston, NY, 12401-1083	As of the petition filing date, the claim is: \$ <u>1,393.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>1,393.50</u>
	Date or dates debt was incurred Last 4 digits of account number <u>3291</u>	Basis for the claim: Taxes & Other Government Units	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
3.1 Nonpriority creditor's name and mailing address Acton Indoor RV 2210 Soledad Canyon Road Unit C Acton, CA, 93510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 330.00
3.2 Nonpriority creditor's name and mailing address Anglia Forwarding The Anglia Center, Blackwater Close Hyundai Jakarta Shenzhen Fairview Industrial Park Rainham, RM13 8UA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3.3 Nonpriority creditor's name and mailing address Axima Logistics 1001 West Walnut Street Compton, CA, 90220	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 500.00
3.4 Nonpriority creditor's name and mailing address Blue Shield 601 12th Street Oakland, CA, 94607	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3.5 Nonpriority creditor's name and mailing address Cannalysis 1801 Carnegie Ave Santa Ana, CA, 92705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3.6 Nonpriority creditor's name and mailing address Cohn Reznick LLP 1900 Avenue of the Stars 28th Floor Los Angeles, CA, 90067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number 6200	\$ 8,196.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷ Nonpriority creditor's name and mailing address Dave Barry 111 West 16th Street 1G New York, NY, 10011	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 990.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸ Nonpriority creditor's name and mailing address DWE 1-3 La Cumberie, St. Helier Jersey JE2 4QB, United Kingdom	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹ Nonpriority creditor's name and mailing address Elite Logistics 305 Sequoia Ave. Ontario, CA, 91761	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services	\$ 148,959.54
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰ Nonpriority creditor's name and mailing address FIRST Insurance Funding 450 Skokie Blvd. Suite 1000 Northbrook, IL, 60062	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services	\$ 0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹ Nonpriority creditor's name and mailing address Ghost Vapes Manufacturing Wickams Cay 1, Roadtown Tortola, British Virgin Islands	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 2,589,861.97
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Green St. GS Agency LLC 714 S. Hill Street Suite 201 Los Angeles, CA, 90014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services	\$ 60,958.00
	Date or dates debt was incurred Last 4 digits of account number	04/01/19	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. ¹³	Nonpriority creditor's name and mailing address Hall of Flowers 1350 Bennett Valley Rd Santa Rosa, CA, 95404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services	\$ 0.00
	Date or dates debt was incurred Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. ¹⁴	Nonpriority creditor's name and mailing address Hansen, Collier M 6626 Franklin Ave Apt #308 Los Angeles, CA, 90028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services	\$ 0.00
	Date or dates debt was incurred Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. ¹⁵	Nonpriority creditor's name and mailing address Hatch, Travis H 2180 W 104th Pl Northglenn, CO, 80234	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services	\$ 0.00
	Date or dates debt was incurred Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. ¹⁶	Nonpriority creditor's name and mailing address Hecker, Steven L 4215 Lyceum Los Angeles, CA, 90066	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services	\$ 0.00
	Date or dates debt was incurred Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷	Nonpriority creditor's name and mailing address Hub International 16030 Ventura Blvd. Suite 500 Encino, CA, 91436	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Suppliers or Vendors	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____ Last 4 digits of account number _____			
3. ¹⁸	Nonpriority creditor's name and mailing address Hudson Valley State University College at New Paltz EIH 103, 1 Hawk Drive New Paltz, NY, 12561	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,438.35
		Basis for the claim: Services	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____ Last 4 digits of account number _____			
3. ¹⁹	Nonpriority creditor's name and mailing address Impact Tech, Inc. 223 E. De La Guerra Street Santa Barbara, CA, 93101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 53,285.59
		Basis for the claim: Suppliers or Vendors	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____ Last 4 digits of account number _____			
3. ²⁰	Nonpriority creditor's name and mailing address Jennings, Aric L 2523 Amherst Ave Los Angeles, CA, 90064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Monies Loaned / Advanced	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____ Last 4 digits of account number _____			
3. ²¹	Nonpriority creditor's name and mailing address Kelly, Tara A 4465 West 5th Street Los Angeles, CA, 90020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____ Last 4 digits of account number _____			

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²²	Nonpriority creditor's name and mailing address Kount 1005 West Main Street Boise, ID, 83702	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 5,000.00
		Basis for the claim: Suppliers or Vendors	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ²³	Nonpriority creditor's name and mailing address Lesaca, Virgil E 11010 Fleetwood St Sun Valley, CA, 91352	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁴	Nonpriority creditor's name and mailing address LIFESTYLE 9171 Wilshire Blvd. Suite 500 Beverly Hills, CA, 90210	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 17,274.28
		Basis for the claim: Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁵	Nonpriority creditor's name and mailing address Mark de Lange Laurel House, 5 Laurel Place Staplestreet Faversham ME13 9TZ United Kingdom	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁶	Nonpriority creditor's name and mailing address MediaJel 1475 N. Broadway Suite 400 Walnut Creek, CA, 94596	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 20,295.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	Mirsky, Daniel I 6660 Vineland Ave Apt 15 North Hollywood, CA, 91606	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ²⁸	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	Patterson, Wallace G 72 Kiersted Ave Kingston, NY, 12401	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Monies Loaned / Advanced	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	PAYCHEX 9 River Park Place East Suite 210 Fresno, CA, 93720	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁰	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	Plumley, Thomas 14311 Addison St #310 Sherman Oaks, CA, 91423	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³¹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	Premium Assignment 3522 Thomasville Road Suite 400 Tallahassee, FL, 32309	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³²	Nonpriority creditor's name and mailing address Referral Candy 599 2nd St. San Francisco, CA, 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 301.96
		Basis for the claim:	
Is the claim subject to offset?			
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	
3. ³³	Nonpriority creditor's name and mailing address Schlesinger Group 711 3rd Avenue 9th Floor New York, NY, 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 22,039.65
		Basis for the claim: Services	
Is the claim subject to offset?			
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	
3. ³⁴	Nonpriority creditor's name and mailing address Sharples, Jessica M 3971 Bentley Ave Culver City, CA, 90232	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
Is the claim subject to offset?			
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	
3. ³⁵	Nonpriority creditor's name and mailing address Shehab, Ahmed S 400 N Acacia Ave Apt #C26 Fullerton, CA, 92831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
Is the claim subject to offset?			
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	
3. ³⁶	Nonpriority creditor's name and mailing address Spikes, Aisha 8805 D Berkshire Way Inglewood, CA, 90305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
Is the claim subject to offset?			
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³⁷	Nonpriority creditor's name and mailing address Trustpilot P.O. Box 392680 Pittsburgh, PA, 15251-9680	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 1,797.00
	Date or dates debt was incurred _____ Last 4 digits of account number 2338	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁸	Nonpriority creditor's name and mailing address Vapelabs LLC P.O. Box 4238 Huntington, NY, 11743	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 11,845.87
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁹	Nonpriority creditor's name and mailing address Violetta Group 1800 Century Park E Los Angeles, CA, 90067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services	\$ 13,261.13
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁰	Nonpriority creditor's name and mailing address Warehouse Goods LLC 1095 Broken Sound Pkwy NW Suite 300 Boca Raton, FL, 33487	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 7,290.10
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴¹	Nonpriority creditor's name and mailing address WeWork 520 Broadway LLC 520 Broadway Suite 200 Santa Monica, CA, 90401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim:	\$ 7,070.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Delaware Division of Corporations PO Box 898 Dover, DE, 19903	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain: _____ 3784	
4.2.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

		Total of claim amounts
5a.	Total claims from Part 1	5a. \$ <u>1,823.50</u>
5b.	Total claims from Part 2	5b. + \$ <u>2,970,694.44</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>2,972,517.94</u>

Fill in this information to identify the case:

Debtor name Ghost Vapes, Inc.
United States Bankruptcy Court for the: Central District of California
Case number (If known): _____ Chapter 7

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.1	State what the contract or lease is for and the nature of the debtor's interest	Lease for Flex Space Lessee	WeWork WW 520 Broadway LLC 520 Broadway Suite 200 Santa Monica, CA, 90401
	State the term remaining		
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	Master Services Agreement Purchaser	Elite Logistics 305 Sequoia Ave. Ontario, CA, 91761
	State the term remaining	4 months	
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	Master Services Agreement Purchaser	Kount 1005 West Main Street Boise, ID, 83702
	State the term remaining	1 month	
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	Agreement Purchaser	Impact Tech, Inc. 223 E. De La Guerra Street Santa Barbara, CA, 93101
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Ghost Vapes, Inc.

United States Bankruptcy Court for the: Central District of California

Case number (if known): _____

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name	
2.1		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name	Ghost Vapes, Inc.
United States Bankruptcy Court for the: Central District of California	
Case number (If known):	_____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>04/01/2020</u> <u>MM / DD / YYYY</u>	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ _____ 0.00
For prior year:	From <u>04/01/2019</u> <u>MM / DD / YYYY</u>	to	<u>03/31/2020</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ _____ 891,511.75
For the year before that:	From <u>04/01/2018</u> <u>MM / DD / YYYY</u>	to	<u>03/31/2019</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ _____ 1,816,555.30

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>04/01/2020</u> <u>MM / DD / YYYY</u>	to	Filing date	\$ _____ 0.00
For prior year:	From <u>04/01/2019</u> <u>MM / DD / YYYY</u>	to	<u>03/31/2020</u> <u>MM / DD / YYYY</u>	\$ _____ 0.00
For the year before that:	From <u>04/01/2018</u> <u>MM / DD / YYYY</u>	to	<u>03/31/2019</u> <u>MM / DD / YYYY</u>	\$ _____ 0.00

Debtor Ghost Vapes, Inc.
Name _____ Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>Blue Shield</u> Creditor's name 601 12th Street Oakland, CA 94607	<u>2/3/20</u> <u>2/20/20</u> <u>3/2/20</u>	<u>\$ 8,487.92</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <u>Elite Logistics</u> Creditor's name 305 Sequoia Ave. Ontario, CA 91761	<u>01/07/20</u> <u>01/17/20</u> <u>01/31/20</u>	<u>\$ 80,000.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>Aric Jennings</u> Insider's name 2523 Amherst Ave Los Angeles, CA 90064	<u>05/01/19</u> <u>05/14/19</u> <u>05/28/19</u>	<u>\$ 81,237.11</u>	Expense reimbursements

Relationship to debtor

President _____

4.2. <u>Ghost Herbal Concepts Ltd.</u> Insider's name Wickams Cay 1, Roadtown Tortola, British Virgin Islands	<u>4/26/19</u> <u>5/4/19</u> _____	<u>\$ 18,285.63</u>	Payments were made to creditors for the benefit of Ghost Herbal Concepts Ltd. and credited against intercompany loan owed by Debtor. Creditors paid were O'Logic \$16,469.01 (4/26/19) and Adi Orucevic \$1,816.62 (5/4/19)
--	--	---------------------	---

Relationship to debtor

Parent Corporation _____

Debtor Ghost Vapes, Inc.
Name _____ Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____	_____	_____	\$ _____

5.2.
Creditor's name _____

_____ \$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Case number _____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

7.2.
Case number _____

Case title	Court or agency's name and address	Pending
Case number _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Ghost Vapes, Inc. _____ Case number (if known) _____
Name _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	
Case number	Name	
_____	_____	
Date of order or assignment		
_____	_____	

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor			

9.2. Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small>	Date of loss	Value of property lost <small>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>
_____	_____	_____	\$ _____
 			

Debtor Ghost Vapes, Inc.
Name _____ Case number (*if known*) _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Burke, Williams & Sorensen, LLP <hr/>		04/2020	\$ 6,790.18

Address

444 S. Flower Street
Suite 2400
Los Angeles, CA 90071

Email or website address

jbuchman@bwslaw.com

Who made the payment, if not debtor?

Who was paid or who received the transfer?

If not money, describe any property transferred

Dates

Total amount or value

11.2.	<hr/>	<hr/>	<hr/>	\$ <hr/>
-------	-------	-------	-------	----------

Address

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
<hr/>	<hr/>	<hr/>	\$ <hr/>

Trustee

Debtor Ghost Vapes, Inc. _____ Case number (if known) _____
Name _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. _____ \$ _____

Address _____

Relationship to debtor _____

Who received transfer? _____ \$ _____

13.2. _____ \$ _____

Address _____

Relationship to debtor _____

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

	Address	Dates of occupancy
14.1.	9242 Beverly Boulevard Beverly Hills, CA 90210	From 09/2017 To 08/2019
14.2.		From _____ To _____

Debtor _____
 Ghost Vapes, Inc.
 Name _____
 Case number (if known) _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. Name, address, and email only. _____

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan _____

Employer identification number of the plan _____

EIN: _____

Has the plan been terminated?

- No
- Yes

Debtor Ghost Vapes, Inc. Name _____ Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	Address _____	_____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Acton Indoor RV Name _____ 2210 Soledad Canyon Rd Acton, CA 93510	Aric Jennings	Trailer	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Address _____
2523 Amherst Ave
Los Angeles, CA 90064

Debtor Ghost Vapes, Inc. Name _____ Case number (if known) _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____			\$ _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor
Ghost Vapes, Inc.
Name

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _____ Dates business existed
		From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. Name		EIN: _____ Dates business existed
		From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. Name		EIN: _____ Dates business existed
		From _____ To _____

Debtor Ghost Vapes, Inc. _____ Case number (if known) _____
Name _____

26. Books, records, and financial statements

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Dates of service
26a.1. Cohn Reznick LLP Name 1900 Avenue of the Stars, 28th Floor, Los Angeles, CA 90067	From <u>06/06/2017</u> To <u>03/31/2020</u>

Name and address	Dates of service
26a.2. _____ Name _____	From _____ To _____

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
26b.1. _____ Name _____	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name _____	From _____ To _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Richard Schiessl Name Jersey, UK	

Debtor Ghost Vapes, Inc. _____ Case number (*if known*) _____
Name _____

Name and address

If any books of account and records are
unavailable, explain why

26c.2.

Name _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1.

Name _____

Name and address

26d.2.

Name _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

Name and address of the person who has possession of inventory records

\$ _____

27.1.

Name _____

Debtor Ghost Vapes, Inc.
Name _____ Case number (if known) _____

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
_____	_____	\$ _____

Name and address of the person who has possession of inventory records

27.2. _____

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Ghost Herbal Concepts Ltd.	Wickams Cay 1, Roadtown Tortola, British Virgin Islands,	Owner	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Aric Jennings Name 2523 Amherst Ave Los Angeles, CA 90064	167,375.52	_____	Salary and compensation

Relationship to debtor

President _____

Debtor Ghost Vapes, Inc. _____ Case number (*if known*) _____
Name _____

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
 Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/06/2020
MM / DD / YYYY

X

Signature of individual signing on behalf of the debtor

Printed name Aric Jennings

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

Debtor Name

Ghost Vapes, Inc.

Case number (if known) _____

Continuation Sheet for Official Form 207**3) Certain payments or transfers to creditors within 90 days before filing this case**

FIRST Insurance Funding, 450 Skokie Blvd. Suite 1000, Northbrook, IL 60062	\$29,939.32	Services
Green St. GS Agency LLC, 714 S. Hill Street Suite 201, Los Angeles, CA 90014	\$18,288.00	Services
LIVESTYLE, 9171 Wilshire Blvd. Suite 500, Beverly Hills, CA 90210	\$9,792.00	Services
Jennings, Aric L, 2523 Amherst Ave, Los Angeles, CA 90064	\$33,741.57	Monies loaned / advanced
Patterson, Wallace G, 72 Kiersted Ave, Kingston, NY 12401	\$14,813.51	Monies loaned / advanced
WeWork 520 Broadway LLC, 520 Broadway Suite 200, Santa Monica, CA 90401	\$24,415.00	Rent
DWE, 1-3 La Columberie, St. Helier Jersey JE2 4QB, United Kingdom	\$7,647.09	Services
Mark de Lange, Laurel House, 5 Laurel Place Staplestreet Faversham ME13 9TZ United Kingdom	\$10,377.91	Services

United States Bankruptcy Court
CENTRAL DISTRICT OF CALIFORNIA

In re

GHOST VAPES, INC.

Case No. _____

Debtor

Chapter 7 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept..... \$ 6,790.18

Prior to the filing of this statement I have received..... \$ 6,790.18

Balance Due \$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify) _____

3. The source of compensation to be paid to me is:

Debtor Other (specify) _____

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;



- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtor in adversary proceedings and other contested bankruptcy matters

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

4/6/2020
Date

/s/ Joseph P. Buchman
Signature of Attorney

Burke, Williams & Sorensen, LLP
Name of law firm



**United States Bankruptcy Court
Central District of California**

In re: Ghost Vapes, Inc.

Case No.

Chapter 7

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 04/06/2020


Signature of individual signing on behalf of debtor

Aric Jennings, President

Position or relationship to debtor

Acton Indoor RV
2210 Soledad Canyon Road
Unit C
Acton, CA 93510

Anglia Forwarding
The Anglia Center, Blackwater Close
Hyundai Jakarta Shenzhen Fairview I
Rainham, RM13 8UA

Axima Logistics
1001 West Walnut Street
Compton, CA 90220

Blue Shield
601 12th Street
Oakland, CA 94607

California Dept. of Tax & Fee Admin
P.O. Box 942879
Sacramento, CA 94279-3535

Cannalysis
1801 Carnegie Ave
Santa Ana, CA 92705

Cohn Reznick LLP
1900 Avenue of the Stars
28th Floor
Los Angeles, CA 90067

Dave Barry
111 West 16th Street
1G
New York, NY 10011

Delaware Division of Corporations
John G. Townsend Bldg.
401 Federal Street, Suite 4
Dover, DE 19901

Delaware Division of Corporations
PO Box 898
Dover, DE 19903

DWE
1-3 La Cumberie, St. Helier
Jersey JE2 4QB, United Kingdom

Elite Logistics
305 Sequoia Ave.
Ontario, CA 91761

FIRST Insurance Funding
450 Skokie Blvd.
Suite 1000
Northbrook, IL 60062

Ghost Herbal Concepts Ltd.
Wickams Cay 1, Roadtown
Tortola, British Virgin Islands

Ghost Vapes Manufacturing
Wickams Cay 1, Roadtown
Tortola, British Virgin Islands

Green St. GS Agency LLC
714 S. Hill Street
Suite 201
Los Angeles, CA 90014

Hall of Flowers
1350 Bennett Valley Rd
Santa Rosa, CA 95404

Hansen, Collier M
6626 Franklin Ave
Apt #308
Los Angeles, CA 90028

Hatch, Travis H
2180 W 104th Pl
Northglenn, CO 80234

Hecker, Steven L
4215 Lyceum
Los Angeles, CA 90066

Hub International
16030 Ventura Blvd.
Suite 500
Encino, CA 91436

Hudson Valley
State University College New Paltz
EIH 103, 1 Hawk Drive
New Paltz, NY 12561

Impact Tech, Inc.
223 E. De La Guerra Street
Santa Barbara, CA 93101

Jennings, Aric L
2523 Amherst Ave
Los Angeles, CA 90064

Kelly, Tara A
4465 West 5th Street
Los Angeles, CA 90020

Kount
1005 West Main Street
Boise, ID 83702

Lesaca, Virgil E
11010 Fleetwood St
Sun Valley, CA 91352

LIVESTYLE
9171 Wilshire Blvd.
Suite 500
Beverly Hills, CA 90210

Mark de Lange
Laurel House, 5 Laurel Place Staple
Faversham ME13 9TZ
United Kingdom

MediaJel
1475 N. Broadway
Suite 400
Walnut Creek, CA 94596

Mirsky, Daniel I
6660 Vineland Ave
Apt 15
North Hollywood, CA 91606

New York Dept of Taxation & Finance
State Processing Center
575 Boices Lane
Kingston, NY 12401-1083

Patterson, Wallace G
72 Kiersted Ave
Kingston, NY 12401

PAYCHEX
9 River Park Place East
Suite 210
Fresno, CA 93720

Plumley, Thomas
14311 Addison St
Sherman Oaks, CA 91423

Premium Assignment
3522 Thomasville Road
Suite 400
Tallahassee, FL 32309

Referral Candy
599 2nd St.
San Francisco, CA 94107

Schlesinger Group
711 3rd Avenue
9th Floor
New York, NY 10017

Sharples, Jessica M
3971 Bentley Ave
Culver City, CA 90232

Shehab, Ahmed S
400 N Acacia Ave
Apt #C26
Fullerton, CA 92831

Spikes, Aisha
8805 D Berkshire Way
Inglewood, CA 90305

Trustpilot
P.O. Box 392680
Pittsburgh, PA 15251-9680

Vapelabs LLC
P.O. Box 4238
Huntington, NY 11743

Violetta Group
1800 Century Park E
Los Angeles, CA 90067

Warehouse Goods LLC
1095 Broken Sound Pkwy NW
Suite 300
Boca Raton, FL 33487

WeWork 520 Broadway LLC
520 Broadway
Suite 200
Santa Monica, CA 90401

WeWork WW 520 Broadway LLC
520 Broadway
Suite 200
Santa Monica, CA 90401